NEW CLIENT INTAKE FORM

NHC 23 | (724) 650-7243
nurturinghc23.com

Please complete this form and email it back to us at your convenience. All information is kept confidential.
Return completed forms to: officenhc@nurturinghandscare.org

HOME CARE SERVICES - PRICING & MINIMUM HOURS

Minimum service requirement: 10 hours per week.

10-19 hours per week: $45/hour.

20 or more hours per week: $35/hour.

The $35/hour rate applies to any week with at least 20 scheduled service hours, even if services are only needed for one week.

No long-term service commitment is required.

Home Care Services includes transportation to/from appointments.
We are currently accepting private pay clients only.

1. YOUR INFORMATION (PERSON COMPLETING THIS FORM)

Full Name:

Relationship to Client (if different):

Phone Number:

☐ I agree to receive text messages from NHC23 | Nurturing Hands Care, LLC regarding consultation scheduling, appointment reminders, and home care service updates. Message frequency varies. Message and data rates may apply. Reply STOP to opt out or HELP for assistance. Consent is not required to receive services.

Privacy Policy Terms and Conditions

Email Address:

2. CLIENT / CARE RECIPIENT INFORMATION

Client's Full Name:

Client's Age:

Home Address:

Phone Number:

Email Address (if any):

Emergency Contact Name & Phone:

Client currently lives:

☐ Alone ☐ With family ☐ With a spouse/partner ☐ Other

Is there a primary caregiver already involved?

☐ Yes ☐ No

3. CARE NEEDS

Services needed (check all that apply):

☐ Companionship ☐ Bathing/Dressing ☐ Meal Preparation ☐ Light Housekeeping ☐ Medication Reminders

☐ Mobility Assistance ☐ Transportation to Appointments ☐ Other

If Other, please describe: _____

Mobility level:

☐ Fully mobile ☐ Uses a cane/walker ☐ Uses a wheelchair ☐ Bedbound

Any cognitive concerns (dementia, memory loss, etc.)?

☐ Yes ☐ No

If yes, please describe:

Known allergies or medical conditions caregivers should know:

4. SCHEDULE & DURATION

How Long Is Care Needed? (weeks/months/or _____

Preferred Start Date: _____

Preferred Days & Hours: _____

Approx. Hours Needed Per Week: _____

Would the client need transportation to and from appointments?

☐ Yes ☐ No

5. HOME ENVIRONMENT & PAYMENT

Are there stairs, pets, or safety hazards we should know about?

☐ Yes ☐ No

If yes, please describe:

5. HOME ENVIRONMENT & PAYMENT (CONTINUED)

Payment method:

☐ Private Pay (currently accepted)

Have you used a home care agency before?

☐ Yes ☐ No

How did you hear about NHC23?

☐ Referral ☐ Facebook/Social Media ☐ Flyer ☐ Google Search ☐ Other

If Other, please describe: _____

6. BEST TIME TO FOLLOW UP

Best Day/Time to Reach You: _____

Additional Notes or Questions:

Thank you for choosing NHC23.

Once we receive your completed form, we will contact you to schedule a free in-home consultation and discuss next steps.